# Exhibit 13

Report of

Dr. Christopher Inzerillo,

M.D., MBA



# V. Christopher Inzerillo, MD, MBA

Fellowship Trained Orthopedic Surgeon Specializing in Sports Medicine

> 825 Avenue W, Brooklyn, NY 11223

11/01/2022

Juris Solutions, Inc. 33 Queens Street, Suite 201 Syosset, NY 11791

Claimant: Claim #: WCB#;

Emp. Name:

DOB:

DOA: 07/19/2022

To Whom It May Concern:

As requested, I performed an orthopedic independent medical evaluation regarding the above-named claimant, on 11/01/2022 in my Brooklyn, NY office. The claimant was advised that a doctor/patient relationship has not been established.

The intake sheet was completed by the claimant.

My findings are as follows:

## PHYSICAL DESCRIPTION:

The claimant is a 42-year-old male. His reported height is 5 feet 6 inches and weight is 265 pounds. He has brown eyes and black hair.

## **HISTORY**:

The history was obtained from the claimant who reports a work-related accident occurring on 07/19/2022. He describes, that he fell off from

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ladder on various items on the floor. He reports that his neck, back, bilateral shoulders, and bilateral legs were injured at the time of accident.

The claimant reports he did not experience any loss of consciousness. He states that he did not sustain any bruises. He reports that he did not sustain any lacerations or cuts.

The claimant explains that he was brought by ambulance to the emergency room of Metropolitan Hospital Center for evaluation. He states that X-rays were taken at the hospital. He states that he received medication in the emergency room. He states that he was not admitted to the hospital.

The claimant reports that he had already received treatment by Dr. Weinstein, orthopedist, Dr. Green, pain management specialist, and Dr. Kaplan as a result of the injuries.

The claimant explains that he was prescribed for a neck and back braces.

The claimant states that he is currently receiving physical therapy at a frequency of 2-3 times a week. He says that the current treatments give temporary relief.

As per the provided medical records, the claimant had the following diagnostic testing: MRIs of his cervical spine, lumbar spine, and right knee has been done.

As per the provided medical records, the claimant did not undergo any surgery because of this injury.

He verbally states that he received cervical spine and lumbar spine epidural steroid injections.

#### **REVIEW OF AVAILABLE RECORDS:**

The following medical records were available for my review:

- C-3 form dated 07/26/2022.
- Office visit report dated 08/03/2022, from Comprehensive Orthopedic and Spine Care.
- Daily notes dated 08/05/2022, 10/07/2022 and 10/12/2022, illegible signature.
- Test report dated 08/05/2022, from Bay Ridge Chiropractic, P.C.



- MRI report of the lumbar spine, by Thomas M. Kolb M.D., dated 08/19/2022.
- MRI report of the cervical spine, by Thomas M. Kolb M.D., dated 08/19/2022.
- MRI report of the right knee, by Thomas M. Kolb M.D., dated 09/19/2022.
- Follow-up visit report dated 10/07/2022, illegible signature.

# PAST MEDICAL HISTORY:

The claimant states that he does not have any serious illnesses.

The claimant denies any injuries prior to this accident.

The claimant denies any injuries subsequent to this accident.

The claimant states that he did not have any prior surgery.

The claimant reports that he takes pain medication.

The claimant reports that he took Celecoxib today prior to this examination.

## **OCCUPATIONAL HISTORY:**

The claimant states that he was employed full time as a construction worker, in at the time of this injury. He states that he has not worked at all since injury. He states that he does not participate in any volunteer activities.

#### **ACTIVITIES OF DAILY LIVING:**

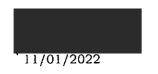
The claimant states that he engages in doing therapy and help to his son.

The claimant states that he is unable to do following activities because of this injury: Sports, washing clothes, washing dishes, sweeping, and shopping/running errands.

The claimant states that he is not able to drive.

The claimant states that he can walk for 1 block. He states that he can stand and sit for 5 minutes.

#### PRESENT COMPLAINTS:



At the time of this examination, the claimant reports that his current symptoms/complaints are pain. He states that he feels worse as compared to the initial injury/condition. His today's pain level is at 9 in the pain scale of 1-10.

The claimant describes the pain as follows: Achy, burning, and stabbing. He states that the pain radiates (move/shoot) down to legs. He says the following activities that trigger/aggravate the pain: Walking, bending, and reaching.

The claimant reports that he does not smoke or drink alcohol.

#### **EXAMINATION:**

#### RANGE OF MOTION MEASUREMENT:

The ranges of motion of the examined body parts were performed by the claimant. This is a subjective maneuver on the part of the claimant. Based on the New York State Impairment Guidelines ROM measurements were taken with the aid of a standard hand-held goniometer. The measurement itself is, therefore, an objective measurement of the claimant's subjective efforts. When appropriate, range of motion was measured 3 times.

**CERVICAL SPINE**: There is a complaint of tenderness in the paracervical muscles.

Cervical Spine

RANGE OF MOTION	NORMAL	CLAIMANT
FLEXION	45°	10°
EXTENSION	45°	10°
RIGHT ROTATION	60°	20°
LEFT ROTATION	60°	20°
RT. LATERAL FLEXION	45°	40°
LT. LATERAL FLEXION	45°	40°

Neurological Examination: Sensory responses are intact at C5-T1 levels. Reflexes are 1+. There is poor effort noted and symptoms are magnified. Atrophy is negative.

**LUMBOSACRAL SPINE:** There is a complaint of tenderness in the paralumbar muscles.

## Lumbar Spine



RANGE OF MOTION	NORMAL	CLAIMANT
FLEXION	80°	30°
EXTENSION	45°	30°
RT LATERAL BENDING	45°	30°
LEFT LATERAL BENDING	45°	30°

Neurological Examination: Muscle strength is 5/5 bilaterally. Sensory responses are intact at L2-S1 levels. Reflexes are equal. Poor effort noted during the examination.

Right Shoulder: There is poor effort noted during the examination.

Right Shoulder

ACTIVE RANGE OF MOTION	NORMAL	CLAIMANT
FORWARD FLEXION	180°	90°
ABDUCTION	180°	90°
EXTENSION	60°	30°
EXTERNAL ROTATION	90°	60°
INTERNAL ROTATION	70°	70°
ADDUCTION	30°	30°

**LEFT SHOULDER:** There is poor effort noted during the examination.

Left Shoulder

ACTIVE RANGE OF MOTION	NORMAL	CLAIMANT
FORWARD FLEXION	180°	90°
ABDUCTION	180°	90°
EXTENSION	60°	30°
EXTERNAL ROTATION	90°	60°
INTERNAL ROTATION	70°	70°
ADDUCTION	30°	30°

RIGHT ELBOW: There is no swelling. There is no effusion.

Right Elbow

RANGE OF MOTION	NORMAL	CLAIMANT
FLEXION	150°	150°
EXTENSION	O°	O°
PRONATION (FOREARM)	90°	90°
SUPINATION (FOREARM)	90°	90°

LEFT ELBOW: There is no swelling. There is no effusion.



# Left Elbow

RANGE OF MOTION	NORMAL	CLAIMANT
FLEXION	150°	150°
EXTENSION	0°	0°
PRONATION (FOREARM)	90°	90°
SUPINATION (FOREARM)	90°	90°

## RIGHT WRIST:

Right Wrist

RANGE OF MOTION	NORMAL	CLAIMANT
DORSIFLEXION	70°	70°
VOLAR FLEXION	80°	80°
ULNAR DEVIATION	30°	30°
RADIAL DEVIATION	20°	20°
PRONATION .	90°	90°
SUPINATION	90°	90°

# LEFT WRIST:

# Left Wrist

RANGE OF MOTION	NORMAL	CLAIMANT
DORSIFLEXION	70°	70°
VOLAR FLEXION	80°	80°
ULNAR DEVIATION	30°	30°
RADIAL DEVIATION	20°	20°
PRONATION	90°	90°
SUPINATION	90°	90°

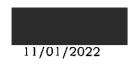
## LEFT HIP:

## Left Hip

RANGE OF MOTION	NORMAL	CLAIMANT
FORWARD FLEXION	120°	90°
EXTENSION	30°	30°
ABDUCTION	45°	40°
ADDUCTION	35°	35°
EXTERNAL ROTATION	45°	45°
INTERNAL ROTATION	45°	45°

RIGHT KNEE: Alignment is neutral. There is no effusion.

# Right Knee



RANGE OF MOTION	NORMAL	CLAIMANT
FLEXION	140°	80°
EXTENSION	O°	0°

Lachman test is normal. There is poor effort noted and symptoms are magnified during the examination.

LEFT KNEE: Alignment is neutral. There is no effusion.

#### Left Knee

RANGE OF MOTION	NORMAL	CLAIMANT
FLEXION	140°	80°
EXTENSION	0°	0°

Lachman test is normal. There is poor effort noted and symptoms are magnified during the examination.

#### IMPRESSION:

- Cervical spine strain.
- Lumbar spine strain
- Right shoulder/right upper arm strain.
- Left shoulder/right upper arm strain.
- Status post right elbow/right lower arm resolution.
- Status post left elbow/left lower arm resolution.
- Status post right wrist/lower arm resolution.
- Status post left wrist/lower arm resolution.
- Left hip/left upper leg strain.
- Right knee strain.
- Left knee/left lower leg strain.

#### DISABILITY:

There is an evidence of a mild partial (25%) temporary orthopedic causally related disability.

#### **WORK RESTRICTION:**

The claimant is currently not working. The claimant is capable of working with restrictions to be placed on no lifting more than 20 lbs.

My assessment is in accordance with the New York State Workers' Compensation Board Medical Treatment Guidelines updated as of

. 11/01/2022

November 1, 2021, the New York State Guidelines for Determining Permanent Impairment and Loss of Wage Earning Capacity, 2012, as well as the New York State Workers' Compensation Guidelines for Determining Impairment effective 1/1/18.

Upon completion of the examination, the claimant offers no complaints as a result of this examination and left the examining area stable and unchanged.

If you have any further questions regarding the claimant, please do not hesitate to contact me.

## **ATTESTATION:**

"I, Christopher Inzerillo, M.D., MBA, being an orthopedic surgeon, duly licensed to practice medicine in the State of NY, pursuant to the applicable provisions of the Civil Practice Law and Rules section 2106, hereby affirm under the penalties of perjury that the statements contained herein are true and accurate."

This report is a full and truthful representation of the examiner's professional opinion with respect to the claimant's condition in accordance with subparagraph (4) (e) (i) of Section 13-a of the Workers' Compensation Law.

Sincerely,

Christopher Inzerillo, M.D., MBA

License#: 230381

V. Chris knyle-

WCB

CI/NN

CC:

NYS Workers' Compensation Board Downstate Centralized Mailing P.O. Box 5205 Binghamton, NY 13902 11/01/2022



Treating Practitioners:
Dr. Jeffrey S Kaplan
NY Ortho Sports Med Trau 160 E
New York, NY 10022

Dr. Joseph Weinstein 1150 Park Avenue New York, NY 10128

Dr. Stephen Collins 9705 3rd Ave Brooklyn, NY 11209

# **AVAILABILITY TO TESTIFY:**

I am generally available for phone testimony Monday, Wednesday, and Thursday morning with advanced notice.